

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598779

FILING DATE

01 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	<i>6</i>	<i>↓</i>		<i>↓</i>		<i>↓</i>
TOTAL DEP.	<i>49</i>	<i>←</i>		<i>←</i>		<i>←</i>
TOTAL CLAIMS	<i>55</i>					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	<i>55</i>					
			<i>↓</i>		<i>↓</i>	
			<i>←</i>		<i>←</i>	
			<i>←</i>		<i>←</i>	